



# **FACILITY CLOSE-OUT FORM/PROPERTY RELEASE AND/OR LICENSE TERMINATION CHECKLIST**

North Dakota Department of Health  
Radiation Control Program  
SFN 58229 2/06

Submit requests for facility close-out, property release and/or license termination to:  
Radiation Control Program, Air Quality Division, 2<sup>nd</sup> Floor, 918 East Divide Ave., Bismarck, ND 58501-1947  
Phone: 701-328-5188 Fax: 701-328-5185

Licensee:	Contact/RSO:		
Address:	City:	State:	Zip Code:
Phone Number:	Fax Number:	Email:	
License Number:	Reference Number:	License Type:	
Radioactive Materials Transferred To:	Transferee Contact:	Transferee License:	

**1. Request Release of Facility or Equipment for Unrestricted Use?** ☐ Yes ☐ No

<input type="checkbox"/> Close-Out Survey Conducted		
Performed by:	Date:	Meter used:
Calibrated on:	Serial number:	
<input type="checkbox"/> Confirmatory Survey Conducted (at Department discretion)		
Performed by:	Date:	
Meter:		
Comments:		
<input type="checkbox"/> Leak Test Results Submitted for each source transferred (attach additional sheets as needed)		
Analyzed by:	Test Date(s):	
<input type="checkbox"/> Provide a copy of survey results and Department letter approving property release to landlord or subsequent tenant of facility.		

*Include copies of the instrument calibration certificate(s) with your request.*

**2. Request Termination of Existing North Dakota License?** ☐ Yes ☐ No

<input type="checkbox"/> Form RCP-12 (SFN 18941) Completed and Submitted to the Radiation Control Program	
Signed by:	Date:
<input type="checkbox"/> Transferee License Authorizes Possession of these Radioactive Materials	
Signed by:	Date:
<input type="checkbox"/> Verification of Receipt by Transferee	
Received by:	Date:

*Include a copy of the verification of receipt with your request.*

Signature of RSO or President

Date